



### TABLE OF CONTENTS

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●	<b>Description</b>	<b>p.1</b>
●	<b>Audience</b>	<b>p.1</b>
●	<b>Abstracting and Indexing</b>	<b>p.2</b>
●	<b>Editorial Board</b>	<b>p.2</b>
●	<b>Guide for Authors</b>	<b>p.4</b>



ISSN: 1878-5409

### DESCRIPTION

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#### **Fast, authoritative and in-depth reports**

*Journal of Cardiology Cases (JC Cases)* is an official peer-reviewed online journal of the Japanese College of Cardiology (JCC) dedicated to case reports. *JC Cases* provides an appropriate forum for all cardiologists by publishing without delay their important clinical cases of recent occurrence. Notable articles are also discussed in the journal's editorials. One year after their publication, all articles become accessible, at no cost, also to nonsubscribers.

#### **Learning from real cases**

Learning from medical cases provides valuable experience not only for clinicians, but also for students and paramedical staff members. Rare medical cases and conditions discovered through the latest methods of examination are often not found in textbooks, but frequently they are quickly reported in *JC Cases*. Encountering them early will greatly contribute to the acquisition of actual clinical capability by students and staff alike. Furthermore, learning diagnostic processes from medical cases and the interpretation of symptoms is important to train and develop thinking processes used in the clinical field.

#### **For all medical personnel**

This journal provides paramedical staff members also with opportunities to learn specifically about the role of examinations and ways to manage patients. Therefore *JC Cases* is the leading such case report journal and should be regularly read by all cardiovascular medical researchers, doctors, and medical personnel.

#### **From every clinical site**

The journal welcomes contributions from nonmembers of the Society. Please prepare manuscripts in conformance with the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#).

*Journal of Cardiology Cases (JC Cases)* features an **Open Archive**. All articles are made free access 12 months after publication.

### AUDIENCE

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Specialists in Cardiovascular and Internal Medicine, Cardiovascular Surgery, Pediatric Cardiology, and General and Family Practitioners.

## ABSTRACTING AND INDEXING

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### INTRODUCTION

#### **Fast, authoritative and in-depth reports**

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*JC Cases* will receive materials prepared and submitted according to these instructions. However, we reserve the right to make any changes necessary to make the contribution conform to the editorial standards of the journal, as deemed by the Editorial Board based on the recommendations of the reviewers.

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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## **PREPARATION**

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**Case Reports:** A case report should describe a new disease, or confirmation of a rare or new disease; a new insight into pathogenesis, etiology, diagnosis, or treatment; or a new finding associated with a currently known disease. The length should ordinarily be less than 1,500 words, with no more than a total of 3 tables and figures and 10 references. This can be exceeded only when justified by extensive special studies. Manuscripts should be written clearly in English.

**Letters to the Editor:** These should be up to 1,000 words in length, and should be submitted in response to material published in the journal to make small clinical points or to introduce a point of view. They can be accompanied by up to 5 references but no illustrations.

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- Manuscripts should include Title page, Abstract, Learning Objective, Text, Acknowledgments (if applicable), Conflict of Interest, References, and Figure Legends.
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- 1) the paper is not under consideration elsewhere;
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- Up to 3-6 keywords or phrases suitable for use in an index.
- Word count - excluding title page, abstract, references, figures and tables.

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**Acknowledgments:** Acknowledgements should appear at the end of the article prior to Conflict of Interest and the References. The Acknowledgment section should include:

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- C received a research grant from X;
- D received lecture fees from V;
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- [1] Matsumura K, Kubota S, Serizawa T, Nakase E. Coronary hemodynamics in vasospastic angina: Quantitative analysis by digital subtraction angiography. *J Cardiol* 1991;21:507–16 (in Japanese).
- [2] Braunwald E. Pathology of pulmonary embolism. In: Braunwald E, editor. *Heart disease: A textbook of cardiovascular medicine*. 5th ed. Philadelphia: WB Saunders; 1997. p. 1582–5.

[dataset] [3] Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <http://dx.doi.org/10.17632/xwj98nb39r.1>

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Format Extension Details MPG .mpg • MPEG-1 or MPEG-2 format required

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- Highest possible quality required

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- Highest possible quality required

Microsoft Audio/Video Interlaced format .avi • Acceptable video format

- Highest possible quality required

Compuserve GIF .gif • Expected to be non photographic animation based data

If submitting video, the following specifications are a guideline for authors/contributors

- Frame rate: 15 frames per second minimum
- NTSC (4:3) size and frame rate, de-interlaced
- Video Codec: MPEG2 or MPEG4 (MPEG4 preferred)
- Video Bit rate: at least 260 kbps (750 kbps preferred)
- Resolution: 492x276 recommended
- Time: no more than 5 minutes

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